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1		8PQ	J

REQUEST	FOR C	ONTINUED
EXAMINATION ((RCE)	TRANSMIT

Address to:

Mail Stop RCE
Commissioner for Patent
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number	09/855,073
Filing Date	May 14, 2001
First Named Inventor	David Tucker
Group Art Unit	2134
Examiner Name	Matthew Heneghan
Attorney Docket Number	20423-10523

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-entitled application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

	mea	prior to June 6, 1995, or to any design application.						
1.	SUBN	IISSION REQUIRED UNDER 37 C.F.R. § 1.114	1					
 a.	. 🗆	Previously submitted	_					
i. Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on								
	ii.	Consider the arguments in the Appeal Brief or Repl	v Bri	ef previously filed on	v			
	iii.	Other	,	_				
b.	. 🛛	Enclosed						
	i.							٠,
	ii.	Affidavit(s)/Declaration(s)						
	iii.	☐ Information Disclosure Statement (IDS)	5				*******	
	iv.	Other		03/07/2006 CCHAU1	00000001	192555	09855073	
2.		aneous	ł	01 FC:1801		790).00 OP	·
a.		Suspension of action on the above-identified application	n is r	equested under 37 C.	F.R. § 1.10)3(c) for	a period of	
	-	months. (Period of suspension shall not exceed 3 mor		•	-	,		
b.	. 🛛	Return Postcard						
c.		Other						
3. F	ees	The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.1	14 wh	en the RCE is filed.				
a.		The Director is hereby authorized to charge any additio	nal fe	es, or credit any over	payments,			
	_	to Deposit Account No. 19-2555				*		
	\boxtimes	Fee Transmittal Enclosed (in duplicate)		•				•
	\boxtimes	Check in the amount of \$900.00 enclosed						
								$= \prec$
		SIGNATURE OF APPLICANT, ATT				(* ±-, ±-,		}
Name	* .	nt/Type) Antonia L. Sequeira (/		istration No. (Attorne)	//Agent)	54,670		
Signa	ture	Intowias Segui	Date	3/2/0	(0	-]
		110.00		- 4 /-	<u>~</u>			
CERTIFICATE OF MAILING OR TRANSMISSION								
I here	by cert	ify that this correspondence is being deposited with the United S	States	Postal Service as first of	lass mail in	an envelo	pe addressed	to: Mail
Stop or if the	RCE, C	commissioner For Patents, P.O. Box 1450, Alexandria, VA 2231 ess Mail Mailing Number is filled in below, then this correspond	3-145 ence	0, or tacsimile transmitte s being denosited with t	ed to the U.S he United S	s. Patent a tates Post	and Trademan al Service "Ex	COffice, press
Mail F	ost Of	fice to Addressee" service on:						p. 555
		int/Type) Antonia L. Sequeira /	Re	gistration No. (Attorne		54,67	0	
Signa	ature	Intrial search	Da	e 3/2/0	4			
Expr	ess Ma	ail No YFV542646289US //						

FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFW-1.2

(\$) 900 TOTAL AMOUNT OF PAYMENT

	e May 14, 2001				
Application Number	09/855,073				
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Examiner Name	Matthew Heneghan				
Art Unit	2134				
Attorney Docket No.	20423-10523				

□ Check □ Credit Card □ Money Order □ Other □ None □ Deposit Account:		3. ADDITIONAL FEES				
Deposit Account Number 19-2555		Entity	Small	Entity	Fee Description	Fee Paid
Deposit Account Name Fenwick & West LLP		Fee (\$)	Fee Code	Fee (\$)		
The Commissioner is authorized to: (check all that apply)		130	2051	65	Surcharge - late filing fee or oath or declaration	
☐ Charge fee(s) indicated below ☐ Credit any overpayments		50	2052	25	Surcharge - late provisional filing fee or cover sheet	
Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this	1053	130	1053	130	Non-English specification	
application	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
Charge fee(s) indicated below, except for the filing fee to	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	110
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	110
1. BASIC FILING FEE	1252 1253	430 980	2252 2253	215 490	Extension for reply within second month Extension for reply within third month	
Large Entity Fee Fee Fee Fee Fee Description Fee Paid	1253	1,530	2254	765	Extension for reply within fourth month	
Code (\$) Code (\$)	1255	2,080	2255	1,040	Extension for reply within fifth month	
1001 790 2001 395 Utility filing fee	1401	340	2401	170	Notice of Appeal	
1002 350 2002 175 Design filing fee	1402	340	2402	170	Filing a brief in support of an appeal	
1003 550 2003 275 Plant filing fee	1403	300	2403	150	Request for oral hearing	
1004 790 2004 395 Reissue filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160 2005 80 Provisional filing fee	1452 1453	110	2452	55	Petition to revive - unavoidable	
SUBTOTAL (1) (\$) 0		1,370	2453	685	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,370	2501	685	Utility issue fee (or reissue)	
Extra Claims Fee from Fee Paid below		490	2502	245	Design issue fee	
Total Claims -20**= X =		660	2503	330	Plant issue fee	
Independent Claims X = X		130	1460	130	Petitions to the Director	
Multiple Dependent =		50	1807	50	Processing fee for Provisional Applications	
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Description	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Code (\$) 1202 18 2202 9 Claims in excess of 20	1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1201 88 2201 44 Independent claims in excess of 3	1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1203 300 2203 150 Multiple dependent claim, if not paid	1801	790	2801	395	Request for Continued Examination (RCE)	790
1204 88 2204 44 **Reissue independent claims over original patent	1802	900	1802	900	Request for expedited examination of a design application	
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent	Other	fee (specif	y)			
and over original patient						
SUBTOTAL (2) (\$)	الده ۱۹۰	and by Da-1	o Eiliaa 5	oo Deid	SUBTOTAL (3) (\$) 900	
or number previously paid, if greater; For Reissues, see above	Reduc	ed by Basi	c riling F	ee Paid	Complete (if applicable)	
SUBMITTED BY		Regiet	ration No	<u> </u>	Complete (if applicable)	
Name (Print/Type) Antonia L. Sequeira		(Attorn	ney/Ager	t) 54	,670 Telephone (650) 335-71	85
Signature Moutal Re	н		·		Date 3/2/06	